

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and

Rojas Design, Inc. 2. It is incorporated under the laws of: Massachusetts 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 4. The date of its incorporation is: July 9, 1999 And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 1500 Soldiers Field Road, Brighton MA 02135 6. The name and address of the initial registered agent/office of in Rhode Island: Agent Name Lyn Miele Street Address (NOT a P.O. Box) 29 Institute Lane	for that purpose submits the following statement:		10-601			
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Agent Name Lyn Miele Street Address (NOT a P.O. Box) 29 Institute Lane	1500 Soldiers Field Road, Brighton MA 02135					
Street Address (NOT a P.O. Box) 29 Institute Lane	6. The name and address of the initial registered agent/office of in Rhode Island:					
	Lyn Miele					
City/Town North Scituate State PHODE ISLAND Zip Code 02957	Street Address (NOT a P.O. Box) 29 Institute Lane					
ROUE ISLAND 02037	City/Town North Scituate	State RHODE ISLAND	Zip Code 02857			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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7. The purpose or purpo	oses which it pr	roposes to pursue in th	ie transaction of	business in Rhode Island are:	
Landscape Architectu	ıral Services				
,	•				
8. (a) The names and re state or country of which			ptional, unless o	directors are required under the laws of the	
NAME				ADDRESS	
Andrés T. Rojas		72 Drew Road, Belmont MA 02478			
Allison M. Rojas		72 Drew Road, Belmo			
Sang Jae Byun		94 Bakers Hill Road	, Weston, MA 0	2493	
	** 14-			Check the box to indicate an attachment.	
8. (b) The names and re of the state or country o			ficers (mandator	ry if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Andrés T. Rojas		72 Drew Road	72 Drew Road, Belmont MA 02478	
VICE PRESIDENT	Allison M. Ro	ojas	72 Drew Road	72 Drew Road, Belmont MA 02478	
TREASURER	Andrés T. Rojas		72 Drew Road	72 Drew Road, Belmont MA 02478	
SECRETARY	Allison M. Rojas		72 Drew Road	d, Belmont MA 02478	
				Check the box to indicate an attachment.	
The aggregate number par value, and series, if			ssue; itemized b	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
100	CNP			\$0.00	
				_	
		<u></u>		_	
10. (a) Estimate, in doll				dollars, the value of the corporation's property	
located:		ing year, wherever		thin Rhode Island during the following year:	
\$ <u>\$70,000.00</u>		\$ <u> </u>			
(c) Estimate, as a perce	ntage, the pro	portion that the estima	ted value of the	property of the corporation to be located	
within this state during th	he following yea	ar bears to the value of	f all property of t	the corporation to be owned during the	
following year, wherever	located. Note.	DIVIDE (100) by (10a)	апа тищріу оу	100 to obtain the percentage.	
%					

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
\$600,000.00 ·	\$100,000.00
(c) Estimate, as a percentage , the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note centage</i> .	mount of business to be transacted by the corporation at or year compared to the gross amount thereof which will be : Divide (11b) by (11a) and multiply by 100 to obtain the per-
16.67	
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated	Good Standing/Letter of Status issued by the proper officer of that is dated within 60 days of the filing of this document.
13. Date when the Certificate of Authority will be effective: C	
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 day	s from the day of filing)
Under penalty of perjury, I declare and affirm that I have exact accompanying attachments, and that all statements contained	mined this Application for Certificate of Authority, including any ord herein are true and correct.
Type or Print Name of Authorized Officer	Date
Andrés T. Rojas - President	07/13/16
Signature of Authorized Officer of the Corporation	
SIGN DOCK	WENT HERE
7 ()	



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: July 06, 2016

To Whom It May Concern:

I hereby certify that according to the records of this office,

ROJAS DESIGN, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villein Travin Gallein

Certificate Number: 16070331870

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tgr

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